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Substitute for Form PTO-875										1000 College States		
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY		0	OR OTHER THAN		
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE	· FEE		RATE	FEE	
BASIC FEE (37 CFR 1.							,	1	. 0		1. 10	
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		CALT CLAMARES				4	X 5=		→ Of	X \$		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						ل	+1=	 	OF	· [• • • • • • • • • • • • • • • • • •	-	
* Il the difference in column 1 is less than zero, enter "O" in column 2							TOTAL	<u> </u>	OF	TOTAL	٠ــــــ	
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Z Indepe		12	Minus	1 3		1.	x s/00 =		OR	x:200'	/	
FIRST		ATION OF MULTI	IPLÉ DEPEN	DENT CLAIM (1)	CFR 1.16(d))			<u> </u>	OR 		 	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+1/BO=		OR.	+33/20=	 	
	• •					•	ADD'L FEE		OR	ADD'L FEE	نـــــــــــــــــــــــــــــــــــــ	
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FIRST F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+1/BD=		OR	+360=		
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	:	(Column 1)		(Column 2)	(Column 3)		:					
7	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAŢE	ADDI TIONAL	
(a) CFR 1.	al .16(cl)	•	. Minus	44	= .	Ι,	(<u>25.</u> =		OR	× 150=	FEE	
Independ	16(b))		Minus	444	=	-	:100=		OR .	× : 700=	•. •	
FIRST PE	UST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						:/80=		1	+ 360		
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◆ If the em	(ry lin colu	ımın'ı lis less the	in the entry	in column'2; with IN THIS SPACE	e "0" in column 3"		OD'L FEE		OR .	ADD'L'FEE		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column t

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.